

Preventive Health and Health Services Block Grant  
Public Hearing  
Thursday, June 4, 2015 – 9:00 a.m. PDT  
1616 Capitol Avenue, Suite 74.463  
Kings River Round, Sacramento, CA 95814  
Summary of Court Reporter Minutes  
**Document #4**

Department Attendees

Anita Butler, Public Hearing Officer  
Hector Garcia, Block Grant Coordinator

Introduction

The proceedings began at 9:00 a.m.

Public Hearing

Anita Butler called the Public Hearing for the Preventive Health and Health Services Block Grant (PHHSBG) to order.

Ms. Butler provided background information on the PHHSBG program. She indicated that prior to the Public Hearing that the proposed State Plan was posted on CDPH's website, and that a hard copy of the State Plan was placed at the security desk located at 1616 Capitol Avenue, Sacramento, California for public inspection.

Ms. Butler commented that Notice of the public hearing was published in the California Register on May 15, 2015, and also indicated that CDPH considers the proceedings quasi-legislative. Witnesses presenting testimony at this hearing will not be sworn in nor will witness be subject to cross-examination.

The record will remain open until 5:00 p.m. on June 5, 2015, this will allow for the submission of additional relevant information or comments to be submitted in writing from interested members of the public.

Members of the public wishing to make a statement will be given the opportunity to do so after each program description is read.

A certified Shorthand Reporter is on hand to record the proceedings.

It is noted for the record, that no members of the public are in actual attendance at the present proceedings.

Ms. Butler stated that the transcript and all exhibits and evidence presented in the hearing will be included in the record of the proceedings.

Mr. Garcia then proceeded to present the Federal Fiscal Year 2015 Block Grant programs that are incorporated into the State Plan, as described in Document #6.

California Active Communities: Older Adult Fall Prevention Program \$612,788 to fund activities that increase the ability of local health departments to implement two evidence based fall prevention programs. No questions from members of the public were received.

California Health Alert network Support, CAHAN. \$358,550 will be used to fund the official alerting and notification system for State and local health. The hallmark of CAHAN is the ability to direct specific and targeted alerts around the clock to those who can act on the information. Over 37,000 State, county and local partners participate in this system, enabling them to receive targeted alerts on urgent public health situations. As no questions were received from members of the public the next participating program was described.

California Wellness Plan Implementation. \$712,500 will fund State level monitoring, communication, policy and coordination capacity, to advance the chronic disease prevention agenda in order to make California the healthiest State in the nation by 2022.

CWPI will therefore support the Accountable Communities for Health Pilot and health economic analysis capacity in the Department, as well as the Adverse Childhood Experiences module surveillance questions of the 2015 California Behavioral Risk Factor Surveillance Survey. No questions or comments were received from members of the public.

Cardiovascular Health Prevention Program. This program proposed to use the \$524,819 to fund measures to reduce premature death and disability from health disease. CDPP interventions will directly address health objectives for health disease prevention, and an emphasis on hypertension.

CDPP interventions include efforts to reduce sodium intake by providing education on the health benefits of lowering sodium consumption and efforts to include identifying current interventions and best practices to improve blood pressure control. No questions were received from members of the public.

Commodity-Specific Surveillance: Food and Drug Program. \$140,000 will be used to reinstitute the surveillance sampling of ready-to-eat foods, such as sprouts, leafy greens, sesame seeds, nut butters, and other such food that could be potentially contaminated with bacterial pathogens. Reimplementing the surveillance sampling will facilitate the identification of contaminated food items before they can cause an outbreak and reduce the incidence of foodborne illnesses. FDB proposes collecting 400

to 450 ready-to-eat samples per year for the next three years and submitting them to FDLB for microbial evaluation. No questions from members of the public.

Community Water Fluoridation Initiative. \$260,000 will be used to fund activities to increase the number of California citizens with access to fluoridated drinking water. This initiative aims to reduce oral health disparities among Californians. No questions from members of the public.

The Emergency Medical Services Authority, EMSA receives 30 percent or \$2,565,783 of California's block grant allocation annually after the rape prevention set-aside block grant administration is reduced from the total award. EMSA conducts emergency medical services for children, trauma and quality improvement programs in California.

It currently funds California's Emergency Medical Services Authority. EMSA conducts emergency medical services for children, trauma and quality improvement programs in California. No questions were received from members of the public.

Let's Get Healthy Website and Dashboard. \$280,000 will be used to lead the development and maintenance of the Let's Get Healthy California Website and Dashboard on behalf of the California Health and Human Services Agency. This project involved coordinating with multiple departments under CHHS, including gathering external data and working with innovative partners. No questions were received from members of the public.

Microbial Diseases Laboratory Branch Valley Fever. \$319,500 will be used to fund State-level capacity to restore reference testing for fungal infections such as Valley Fever and to address drug resistance and assist local communicable disease response to an outbreak. No questions from members of the public.

Nutrition Education and Obesity Prevention Branch. \$468,039 will be used to advance evidence-based and evidence informed obesity prevention across the State. Projects that will be funded will include support for improved nutrition, such as increased fruit, vegetable and healthy beverage consumption, and increased physical activity in local communities, schools, and early care and education sites. No questions from members of the public.

Office of Aids. Re-engagement in HIV Care and Partner Services using HIV Surveillance data. \$375,000 will be used to fund the third to fifth highest prevalence counties and replicate the Los Angeles and San Francisco County programs. These programs use HIV surveillance data to offer partner services to all persons newly diagnosed with HIV and assist people with HIV who have fallen out of care to reengage in HIV care. No questions were received from members of the public.

Office of Health Equity. \$491,688 is used to provide the key leadership role to reduce health and mental health disparities in California and conduct a Health Equity Assessment to fund State level capacity to assess health equity within CDPH programs. No questions from members of the public.

Office of Quality Performance and Accreditation. \$187,500 will be used to fund State-level provision of accreditation technical assistance to local and tribal health agencies. Support interventions, seek to increase local and tribal readiness and capacity to apply for and achieve national public health accreditations. No questions from members of the public.

Prescription Drug Overdose Surveillance Program \$140,000 will be used to support a multi-agency coalition to address the opioid overdose problem; build and sustain the necessary surveillance infrastructure to compile prepare and analyze internal data sources on the health consequences of prescription drug use, misuse and overdose. The program will work with external data partners to link data sources, e.g. California Department of Justice's Prescription Drug Monitoring Program, CURES; and prepare actionable information for our State agency partners and local health departments. As there were no questions received from members of the public, the next program was described.

Preventive Medicine Residency Program. \$528,464 funds training of physicians in California placement sites at the State or local level. Upon completion of this two year accredited program physicians are eligible to become board certified as public health physicians. Cal-EIS fellowship is a post-graduate training program for MPH or other similar professionals that provide hand-on experience working with an epidemiologist preceptor in either local or State health departments in California. Fellows receive one to two years of training in epidemiology. No questions from members of the public.

Rape Prevention Program receives \$832,969 as a set-aside allocation. The allocation will be used to provide funding to local rape crisis centers, RCCs that directly serve victims and potential victims and perpetrators to deliver sex offense rape prevention programs. Funding also supports implementation of MyStrength Clubs. No questions from members of the public.

Receptor Bind Assay With \$192,500 to develop the RBA as a more sensitive and efficient and therefore more protective of shellfish, test for detection of PSP toxins. Funding will support a three-year pilot study to achieve regulatory cognizance and approval with the Interstate Shellfish Sanitation Conference. Establish the effectiveness of the RBSA in California's Preharvest Shellfish Program by conducting comparative side-by-side testing with the MBA. No questions from members of the public.

Safe and Active Communities Branch. Funding in the amount of \$244,919 will allow the program to address data enhancements of its web-based injury data query system, Epicenter. The California Injury Data Online conducts web-based testing for local health departments and other prevention partners to demonstrate EpiCenter's many functions, highlight injury trends or emerging issues, and suggest evidence-based interventions, provide technical assistance sessions to policy makers and stakeholders. No questions or comments from members of the public.

Ms. Butler in bringing the hearing to a conclusion stated that the public is allowed to submit written comments by 5:00 p.m. June 5, 2015.

Hearing adjourned.